



## Privacy Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please complete the identification below that pertains to your inquiry request.**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

VA File Number: \_\_\_\_\_ Agency Claim Number: \_\_\_\_\_

Please indicate the Federal Agency involved in your inquiry request: \_\_\_\_\_

Would you like to receive Congressman Loudermilk's email newsletter? \_\_\_\_ Yes

Are you currently working with another Congressional/Senate office on this issue? \_\_\_\_ Yes \_\_\_\_ No

If yes, which office? \_\_\_\_\_

**Statement:** Please state below or on an attached page the nature of your problem you are experiencing. Attach additional papers

In accordance with the provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby give my consent for information concerning my file to be furnished to my U.S. Representative Barry Loudermilk. I authorize U.S. Representative Loudermilk to receive all pertinent information and to make an inquiry regarding the above described issue.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*** Digital Signatures cannot be accepted, please sign this form.

Return form by: **Email** .pdf to [casework.ga11@mail.house.gov](mailto:casework.ga11@mail.house.gov) **Fax** (770) 517-7427

**Mail:** 9898 Hwy 92, Suite 100, Woodstock, Georgia 30188 **Phone:** 770-429-1776